

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-479)**

SERIAL NO.

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3		1				
4		1				
5		1				
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44	1					
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL NO.		15				
TOTAL DEF.		32				
TOTAL		47				

	NO.	DEF.	NO.	DEF.	NO.	DEF.
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TOTAL NO.						
TOTAL DEF.						
TOTAL						